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1-7-04
P.2.

03500.014250.

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: S. An
YUKINORI YAMAMOTO)
: Group Art Unit: 2613
Appln. No.: 09/501,590)
:
Filed: February 10, 2000)
:
For: DECODING APPARATUS AND)
METHOD, AND STORAGE)
MEDIUM STORING DECODING)
PROCESSING PROGRAM OF)
THE SAME) December 31, 2003

RECEIVED

JAN 05 2004

Technology Center 2600

Mail Stop: Non-Fee Amendment

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 2, 2003, please amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 7.



In re Application of:

Docket No. 03500.014250.

YUKINORI YAMAMOTO

Application No.: 09/501,590

Examiner: S. An

Filed: February 10, 2000

Group Art Unit: 2613

For: DECODING APPARATUS AND METHOD, AND
STORAGE MEDIUM STORING DECODING
PROCESSING PROGRAM OF THE SAME

Date: December 31, 2003

Mail Stop: Non-Fee Amendment

The Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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JAN 05 2004

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29,256

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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